

AMERICAN CITIZEN REGISTRATION

Return this form to us by FAX 03-3224-5856 or mail U.S. EMBASSY TOKYO, Box 205 PPT, TOKYO 107-8420

LAST, FIRST MIDDLE NAMES _____

JAPAN ADDRESS _____

BIRTHPLACE _____ BIRTHDATE _____

PASSPORT # _____ ISSUE DATE _____ EXPIRY DATE _____

PHONE HOME/WORK/CELL _____

MARITAL STATUS _____ GENDER _____ ESTIMATED MONTH/YEAR DEPART JAPAN _____

EMAIL ADDRESS: _____

ADDITIONAL U.S. CITIZEN FAMILY MEMBERS RESIDING IN JAPAN

NAME _____ RELATIONSHIP _____

BIRTHPLACE _____ BIRTHDATE _____

PASSPORT # _____ ISSUE DATE _____ EXPIRY DATE _____

NAME _____ RELATIONSHIP _____

BIRTHPLACE _____ BIRTHDATE _____

PASSPORT # _____ ISSUE DATE _____ EXPIRY DATE _____

NAME _____ RELATIONSHIP _____

BIRTHPLACE _____ BIRTHDATE _____

PASSPORT # _____ ISSUE DATE _____ EXPIRY DATE _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

US ADDRESS _____

PHONE HOME/WORK _____

PRIVACY ACT STATEMENT This information's purpose to create an official record of U.S. citizenship which will enable consular and diplomatic officers to promptly and efficiently furnish all services which are the inherent right and privilege of such citizenship. Specific purposes for the collection of this information include: establishment of entitlement to services consistent with the U.S. citizenship in event of the registrant's death, protection of and assistance to U.S. citizens abroad, particularly in emergency situations. This information is made available on a need-to-know basis to officials of the U.S. State Department and to other government agencies having statutory or other lawful authority to such information in the performance of their official duties, and to wardens designated by consular officials at U.S. embassies or consulates. Furnishing the information on this form is voluntary, but failure to do so may preclude or impair U.S. government officials or other designated representatives from providing the services described in this statement.

AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT In the event other persons request information regarding my welfare or whereabouts, I hereby authorize the U.S. Department of State and the U.S. Embassy Tokyo to contact the following persons (please state "all," "none" or otherwise specify desired contacts):

FAMILY _____ CONGRESS _____ ATTORNEY _____ MEDIA _____

ADULTS' SIGNATURES _____ **DATE** _____

Sign up for email updates and security info— send a blank email to join-tokyoacs@mh.databack.com

Visit us on the web at <http://travel.state.gov>, or
<http://usembassy.state.gov/tokyo/www7125.html>